

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

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| International Application No. |
| 24 JAN 2003 (24.01.03) |
| International Filing Date |
| PCT INTERNATIONAL APPLICATION RO/US |
| Name of receiving Office and PCT International Application |
| Applicant's or agent's file reference: (if desired) (12 characters maximum) |
| G25-073 |

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|--|---|
| Box No. I TITLE OF INVENTION | |
| SOLENOPSIN A, B AND ANALOGS AS NOVEL ANGIOGENESIS INHIBITORS | |
| Box No. II APPLICANT | |
| Name and address: (family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country) | <input type="checkbox"/> This person is also inventor |
| The University of Georgia Research Foundation, Inc. Boyd Graduate Studies Research Center Athens, Georgia 30602-7411 United States of America | Telephone No.: 706-542-5929 |
| | Facsimile No.: 706-542-3837 |
| | Teleprinter No. |
| State (i.e. country) of Nationality: US | State (i.e. country) of Residence: US |
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| Emory University Office of Technology Transfer 2009 Ridgewood Drive Atlanta, Georgia 30322 United States of America | <input checked="" type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (if this check-box is marked, do not fill in below) |
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| <input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet. | |
| Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE | |
| The person below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: | <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative |
| Name and address: (family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country) | Telephone No. (203) 366-3560 |
| Henry D. Coleman Coleman Sudol Sapone, P.C. 714 Colorado Avenue Bridgeport, CT 06605-1601 United States of America | Facsimile No. (203) 335-6779 |
| | Teleprinter No. |
| <input type="checkbox"/> Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent. | |

Form PCT/RO/101 (first sheet)

EL890537239US

Box No. V DESIGNATION OF STATES . Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

Regional Patent

- ☒ AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line)
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- ☒ all other PCT member states
- ☒ SC Seychelles
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